



RECORDS REQUEST FORM

(This form is a public record and will be retained for a period of one year from creation)



Requestor Information

Please Print

Payment Information		
<i>Select Payment Method:</i>		
Cash <input type="checkbox"/>	Cashier's Check <input type="checkbox"/>	
	Money Order <input type="checkbox"/>	
<i>Fees:</i>	Paper Copy	\$ 1.00/page
	Audio Tape	\$10.00/tape
	Video Tape	\$20.00/tape
<i>Total Estimated Cost \$</i> _____		
<i>Delivery:</i> Delivery/postage fees additional depending upon delivery type.		
<i>Extras:</i> Extraordinary service fees dependent upon request.		

Records Requested

To Expedite Your Request, Be as Specific as Possible. Also, Please Include the Type of Medium Being Requested (Photocopies, Audio Tape or Video Tape)

OFFICE USE ONLY

Tracking #	_____		
Received Date	_____		
Completed Date	_____		
Total Pages	_____		
 Documents Provided			

 Finalized Cost			
Total	\$	_____	
Deposit	\$	_____	
Balance Due	\$	_____	
Balance Paid	\$	_____	